

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/247502

FILING DATE

Page 1 of 2

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			①
2						①
3						①
4						①
5						①
6						①
7			1		cancel	①
8					cancel	①
9			1		cancel	①
10			cancel		cancel	①
11			1			①
12						①
13						①
14						①
15					cancel	①
16						①
17					cancel	①
18						①
19			1		1	
20						
21						
22						
23	1		cancel		cancel	
24		1	cancel		cancel	
25	1					
26						
27						
28						
29						
30						
31						
32					cancel	
33						
34						
35						
36						
37	1		cancel		cancel	
38			cancel		cancel	
39		1	cancel		cancel	
40						
41					1	
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	5		6		3	
TOTAL DEP.	54		27		27	
TOTAL CLAIMS	39		33		30	

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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FEE CALCULATION SHEET**
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SERIAL NO.

091247502

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	2					
TOTAL DEP.	0					
TOTAL CLAIMS	2					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS